Case 1:24-cv-03744-BAH

Document 26-4

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U.S. Department of Justice United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

			Mary State of the	A NORTH THE		See <u>Instruc</u>	nons for service	oj i rocess oj	O.S. Marshal	
PLAINTIFF						COURT CASE NUMBER				
Ryan Dillon-Capps							1:24-CV-3744			
DEFENDANT							TYPE OF PROCESS			
Ohana Growth Partners, LLC. et al							Personal			
			COMPANY CC	DDOD ATION I	ETC TO SERVE	OD DESCRIPT		TO CEIZE OR	COMPENSI	
SERVE	Alaris E	IAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Alaris Equity Partners USA Inc.								
AT ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 455 Capital Mall Complex, Suite 217, Sacramento Californoa 95814										
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Number									21	
Ryan Dillon-Capps 1334 Maple Avenu	10						Number of parties to be			
Essex Maryland 21	1221						served in this case 21		21	
							Check for service on U.S.A.	V		
SPECIAL INSTRUCTION	NS OR OTH	HER INFORMA	 ΓΙΟΝ ΤΗΑΤ WI	LL ASSIST IN E	EXPEDITING SE	RVICE (Include		ate Addresses.		
Signature CA44	0:::									
Signature of Attorney other	er Originato	r requesting serv	ice on behalf of:	× PLAIN	NTIFF	TELEPHONE	NUMBER DATE			
ADC.		DEFENDANT 703-303-					113	2/9/2025	2/9/2025	
SP	ACE BE	LOW FOR	USE OF U.S.	MARSHAL	ONLY - DO	NOT WRIT	E BELOW THI	SLINE		
I acknowledge receipt for to number of process indicate (Sign only for USM 285 if	ed. <i>more</i>	Total Process	District of Origin	District to Serve	Signature of Au	uthorized USMS	Deputy or Clerk Date		ite	
than one USM 285 is subm			No	No						
I hereby certify and return individual, company, corpo	that I horation, etc.	ave personally so, at the address s	erved, \(\bar\) have hown above on the	legal evidence of he on the individ	f service, \[\] have ual, company, cor	ve executed as shapporation, etc. shapporation	own in "Remarks", the	e process describerted below.	bed on the	
I hereby certify and ret	turn that I a	m unable to locat	e the individual,	company, corpor	ration, etc. named	l above <i>(See remo</i>	arks below)			
Name and title of individual served (if not shown above)						Date	Time	am		
Address (complete only different than shown above)						pm				
(Signature of U.S. M	arsnai or Deputy			
			Costs	shown on <u>attach</u>	ed USMS Cost SI	heet >>				
DEMARKS										

REMARKS

Case 1:24-cv-03744-BAH

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U.S. Department of Justice United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

					See <u>Instruc</u>	ctions for service of	of Process by U.	S. Marshal		
PLAINTIFF						COURT CASE NUMBER				
Ryan Dillon-Capps						1:24-CV-3744				
DEFENDANT										
Ohana Growth Partners		TYPE OF PROCESS Personal								
		COMPANIA CO	ODDOD ATION	ETG TO GEDVE	OD DEGODINA		TO STITE ON SOL	IDEN O		
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CO. Brick Bodies Services, Inc.										
$\mathbf{AT} \left\{ \begin{array}{c} \text{ADDI} \\ 212 \end{array} \right.$	AT ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 212 West padonia Road Timonium Maryland 21093									
SEND NOTICE OF SERVICE	o be n 285	21								
1334 Maple Avenue Essex Maryland 21221						Number of parties to be served in this case 21		 21		
		Check for service on U.S.A.		X						
All Telephone Numbers, and Es Office Hours - Service to	o Company		× PLAI		TELEPHONE	NUMBER	DATE			
(DC					703-303-1113		2/9/2025			
SPACE	BELOW FOR	USE OF U.S	. MARSHAL	L ONLY - DO	NOT WRIT	TE BELOW THIS	SLINE			
I acknowledge receipt for the totanumber of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk Date						
I hereby certify and return that I individual, company, corporation	have personally s, etc., at the address s	erved, \(\square\) have hown above on t	legal evidence o he on the individ	f service, hav	ve executed as sh rporation, etc. sh	nown in "Remarks", the own at the address inse	e process described exted below.	on the		
☐ I hereby certify and return the	it I am unable to loca	te the individual,	company, corpo	ration, etc. named	l above (See rem	arks below)				
Name and title of individual served (if not shown above)						Date	Time	am pm		
Address (complete only different than shown above)						Signature of U.S. Ma	urshal or Deputy			
		Costs	shown on <u>attach</u>	ed USMS Cost Si	heet >>					
REMARKS										

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U.S. Department of Justice United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

States Marshars Ser	V100				See <u>Instruc</u>	tions for Service (of Process by C	.S. Marshal"		
PLAINTIFF						COURT CASE NUMBER				
Ryan Dillon-Capps		1:24-CV-3744								
DEFENDANT	TYPE OF PROCESS									
Ohana Growth Partner		Personal								
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTI										
	Down Under Growth Partners, LLC									
$\mathbf{AT} \left\{ \begin{array}{c} \mathbf{ADD} \\ 212 \end{array} \right.$	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 212 West padonia Road Timonium Maryland 21093									
SEND NOTICE OF SERVICE	COPY TO REQUEST	Number of process t		21						
Ryan Dillon-Capps 1334 Maple Avenue						Number of parties to be		04		
Essex Maryland 21221						served in this case 21				
						Check for service on U.S.A.		Χ		
SPECIAL INSTRUCTIONS OF	OTHER INFORMA	TION THAT W	ILL ASSIST IN I	EXPEDITING SE	RVICE (Include	Business and Altern	ate Addresses,			
All Telephone Numbers, and Est Office Hours - Service 1	<i>timated Times Availi</i> o Company	able for Service).	•							
Signature of Attack at 1 O i										
Signature of Attorney other Orig	mator requesting serv	rice on behalf of:	× PLAI	NTIFF	TELEPHONE NUMBER		DATE			
* XDC			_ DEFE	NDANT	703-303-1113		2/9/2025			
SPACE	BELOW FOR	USE OF U.S	. MARSHAI	ONLY - DO	NOT WRIT	E BELOW THIS	S LINE			
I acknowledge receipt for the tot	al Total Process	District of	District to	Signature of Au	thorized USMS	Deputy or Clerk	Date	Date		
number of process indicated. (Sign only for USM 285 if more	4.1	Origin	Serve							
than one USM 285 is submitted)		No	No							
I hereby certify and return that I individual, company, corporation	have personally s , etc., at the address s	erved, \[\] have shown above on t	legal evidence of the on the individ	f service, have	ve executed as shipporation, etc. shipporation, etc. shipporation	own in "Remarks", the	e process described erted below.	on the		
☐ I hereby certify and return th	at I am unable to loca	te the individual,	, company, corpo	ration, etc. named	above (See rem	arks below)				
Name and title of individual served (if not shown above)						Date	Time	am pm		
Address (complete only different than shown above)						Signature of U.S. Marshal or Deputy				
		Costs	shown on attach	ed USMS Cost Si	heet >>					
REMARKS										

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U.S. Department of Justice

PROCESS RECEIPT AND RETURN

United States Marshals Service See "Instructions for Service of Process by U.S. Marshal" **PLAINTIFF** COURT CASE NUMBER Ryan Dillon-Capps 1:24-CV-3744 DEFENDANT TYPE OF PROCESS Ohana Growth Partners, LLC. et al Personal NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Pla-Fit Franchise, LLC **SERVE** ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) AT 4 Liberty Lane West Hampton New Hampshire 03842 SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Number of process to be 21 served with this Form 285 Ryan Dillon-Capps 1334 Maple Avenue Number of parties to be 21 Essex Maryland 21221 served in this case Check for service Х on U.S.A. SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service): Office Hours - Service to Company

Signature of Attorney other Originato	rice on behalf of:	▼ PLAINTIFF		TELEPHONE NUMBER	DATE	DATE		
, fix			DEFENDANT		703-303-1113	2/9/2025	2/9/2025	
SPACE BE	ELOW FOR	USE OF U.S.	MARSHAL	ONLY - DO	NOT WRITE BELOW T	HIS LINE		
I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve No.	Signature of Authorized USMS Deputy or Clerk Date				
I hereby certify and return that I hindividual, company, corporation, etc.	nave personally s	erved, have hown above on the	legal evidence of he on the individual	service, have	ve executed as shown in "Remarks" rporation, etc. shown at the address	, the process described inserted below.	on the	
☐ I hereby certify and return that I a	m unable to loca	te the individual,	company, corpor	ation, etc. named	l above (See remarks below)	4		
Name and title of individual served (if not shown above)					Date	Time	am pm	
Address (complete only different than	shown above)				Signature of U.S	. Marshal or Deputy		
		Costs	shown on attach	ed USMS Cost S	heet >>			
REMARKS								

REMARKS